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REISSUE APPLICATION DECLARATION BY THE INVENTOR

11032/3028

As a below named inventor, I hereby declare that: My residence, post office address and citizenship are stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number	
is attached hereto.	
was filed on as reissue applica and was amended on (If applicable)	ation number/
I have reviewed and understand the contents of the above idential as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material 37 CFR 1.56. I verily believe the original patent to be wholly or partly inoperative below. (Check all boxes that apply.)	to patentability as defined in
by reason of a defective specification or drawing.	
by reason of the patentee claiming more or less than he had	ad the right to claim in the patent.
by reason of other errors.	
At least one error upon which reissue is based is described as f	ollows:
I, the inventor, believe that pursuant to 37 C.F.R. 1.175, the No. 5,918,014, is partly inoperative by reason that I claim a right to claim in the patent, at least in that the invention advertisement with an interactive medium item in connect advertisement is NOT to be displayed. This is a broaden	the original patent, ned less than I had nencompasses associating an ction with which the

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Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Docket Number (Optional) (REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2) All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. Registration Number Name(s) 35,952 Gerrard A. Messina Gary S. Morris 40,735 Correspondence Address: Direct all communications about the application to: 23838 Customer Number Type Customer Number here OR PATENT TRADEMARK OFFICE Firm or Individual Name **Address** Address New York ZIP State City Country Telephone I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed. Full name of sole or first inventor (given name, family name) Gary B. Robinson Inventor's signature Date June 29, 2001 Residence 86 Royal Road, Bangor, Maine 04401 Citizenship Post Office Address US 86 Royal Road, Bangor, Maine 04401 Full name of second joint inventor (given name, family name) Inventor's signature Date Citizenship Residence Post Office Address Full name of third joint inventor (given name, family name) Inventor's signature Citizenship Residence Post Office Address Additional joint inventors are named on separately numbered sheets attached hereto.